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SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT		ATTORNEY DOCKETT NO.
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				EXAMINER
			D. Ware	
			ART UNI	T PAPER NUMBER
			180	8 12
			DATE MAILED:	
		EXAMINER INTERVIEW SUMMARY REC	ORD	
All participants (applica	ant, applicant's representat	tive. PTO personnel):		•
(1) D• W	are	(3)		
(2) P. Pa	n i	(4)		
(2)				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Date of Interview	07/06/94			
Type: 19 Telephonic	☐ Personal (copy is give	en to applicant applicant's representative).		
		es - DHo. If yes, brief description:		
_	/-3 × 5-	e or all of the claims in question. The was not reached		
Identification of prior a	t discussed:	//		
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		reed to if an agreement was reached, or any other co		scussov pravade
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		he amendments, if available, which the examiner ag		
attached. Also, where	no copy of the amendmen	its which would render the claims allowable is availal	ole, a summary ther	eof must be attached.)
it is not necess	sary for applicant to provide	e a separate record of the substance of the interview	·.	
WAIVED AND MUST I	NCLUDE THE SUBSTANG	o indicate to the contrary, A FORMAL WRITTEN RE CE OF THE INTERVIEW (e.g., items 1-7 on the reve ven one month from this interview date to provide a s	rse side of this form	n). If a response to the last Office
requirements response requ	that may be present in the	above (including any attachments) reflects a complete to action, and since the claims are now allow action. Applicant is not relieved from providing a second	wable, this complete	ed form is considered to fulfill the
PTOL 440 (PEN 0 00)		Examiner's S	ignature	wax
PTOL-413 (REV. 2 -93)		Examinor 5 O		